

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Asten Johnson, Inc.  
4399 Corporate Road  
Charleston, SC 29405

2. Article Number

(Transfer from service label)

7003 3110 0004 0799 4615

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

D. Byrne

☒ Agent☐ Addressee

B. Received by (Printed Name)

D. Byrne

C. Date of Delivery

7/23/07

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No

2:07CV007

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes